



MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Requestor Name and Address: W. PAUL ROQUET, M.D. 3201 UNIVERSITY DR. E, SUITE 155 BRYAN, TX 77802	MFDR Tracking #: M4-10-3068-01
	DWC Claim #:
	Injured Employee:
Respondent Name and Box #: TEXAS MUTUAL INSURANCE CO Box #: 54	Date of Injury:
	Employer Name:
	Insurance Carrier #:

PART II: REQUESTOR'S POSITION SUMMARY AND PRINCIPAL DOCUMENTATION

Requestor's Position Summary: "We have been denied payment twice by Texas Mutual Insurance Company for the initial visit of this patient to our clinic on 12/10/2009. After receiving the initial denial we reduced our office visit charge (CPT Code 99204) from \$165.56 to (CPT Code 99203) \$107.88 and resubmitted our medical bill."

Principal Documentation:

1. DWC 60 Package
2. Medical Bill(s)
3. EOB(s)
4. Medical Records
5. Total Amount Sought - \$107.88

PART III: RESPONDENT'S POSITION SUMMARY AND PRINCIPAL DOCUMENTATION

Respondent's Position Summary: "The following is the carrier's statement with respect to this dispute. Texas Mutual has nothing to add to this response that is covered by the wording of its EOB. The E&M documentation simply does not support 99204 or a 99203."

Principal Documentation:

1. Response Package

PART IV: SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Calculations	Amount in Dispute	Amount Due
12/10/09	99203	N/A	\$107.88	\$0.00
			Total Due:	\$0.00

PART V: FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Tex. Lab. Code Ann. §413.031 of the Texas Workers' Compensation Act, and pursuant to all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Tex. Admin. Code §133.307 sets out the procedures for health care providers to pursue a medical fee dispute.
2. 28 Tex. Admin. Code §134.203 sets out the fee guidelines for the reimbursement of workers' compensation specific codes, services and programs provided after March 1, 2008.
3. 28 Tex. Admin. Code §133.210 applies to medical documentation for the services in dispute.
4. 28 Tex. Admin. Code §133.20 applies to medical bill submission.

5. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits dated 1/21/2010

- CAC-150 – Payer deems the information submitted does not support this level of service.
- CAC-16 – Claim/Service lacks information which is needed for adjudication. At least one remark code must be provided (may be comprised of either the remittance advice remark code or NCPDP reject reason code.)
- CAC-45 – Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. (Use group codes PR or CO depending upon liability).
- 225 – The submitted documentation does not support the service being billed. We will re-evaluate this upon receipt of clarifying information.
- 733 – Payment allowed. Future billings, per DWC Rules 133.10, 133.20(E)(2) require the name of the licensed HCP rendering treatment in Box 31.
- 793 – Reduction due to PPO contract. PPO contract was applied by Focus/First Health. For provider support call 1-800-243-2336.

Explanation of benefits 2/22/2010

- CAC-W1 – Workers Compensation state fee schedule adjustment.
- CAC-18 – Duplicate Claim/Service
- 224- Duplicate charge.
- 282- The insurance company is reducing or denying payment after reconsidering a bill.
- 890- This level of service is being disputed as it does not meet the components as defined in the "CPT Book."

Issues

1. Does the medical documentation provided support the services billed under CPT code 99203 or CPT code 99204?
2. Was the name of the licensed healthcare provider rendering the treatment provided in Box 31 of the Requestor's billing?
3. Is the requestor entitled to reimbursement?

Findings

1. The Requestor submitted initial billing for Current Procedural Terminology (CPT) code 99204. The description of this code is as follows: Office or other outpatient visit for the evaluation and management of a new patient which requires these 3 key components: a comprehensive history, a comprehensive examination and a medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 45 minutes face-to-face with the patient and/or family.
2. The Requestor submitted a second billing changing the CPT code from 99204 to 99203. The description of this code is as above with the following exceptions: a detailed history, a detailed examination and medical decision making of low complexity. Usually, the presenting problem(s) are of moderate severity. Physicians typically spend 30 minutes face-to-face with the patient and/or family.
3. Pursuant to rule 134.203(a)(5) "Medicare payment policies" when used in this section, shall mean reimbursement methodologies, models, and values or weights including its coding, billing, and reporting payment policies as set forth in the Centers for Medicare and Medicaid Services (CMS) payment policies specific to Medicare.
4. Pursuant to rule 133.210(c)(1) In addition to the documentation requirements of subsection (b) of this section, medical bills for the following services shall include the following supporting documentation: the two highest Evaluation and Management office visit codes for new and established patients: office visit notes/report satisfying the American Medical Association requirements for use of those CPT codes.
5. The documentation notes document an expanded problem focused history, a problem focused examination and a medical decision making of moderate complexity. It does not meet the requirements of CPT code 99203 billed upon reconsideration or meet the requirements of CPT code 99204 which was initially billed.
6. The signature on the documentation of the healthcare provider that provided the new patient services is Bill T. Gray, PA-C. The billing the Requestor submitted lists Warren Roquet, MD in Box 31 of the CMS 1500.
7. Pursuant to rule 133.20(e)(2) a medical bill must be submitted: in the name of the licensed health care provider that provided the health care or that provided direct supervision of an unlicensed individual who provided the health care.
8. The Division finds that the Requestor's medical documentation does not support the billing of CPT code 99203 or 99204.

Conclusion

For the reasons stated above, the division finds that the requestor has failed to establish that additional reimbursement is due. As a result, the amount ordered is \$0.00.

PART VI: ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031 and §413.019 (if applicable), the Division has determined that the requestor is entitled to \$0.00 reimbursement for the services involved in this dispute.

Authorized Signature

Medical Fee Dispute Resolution Officer

4/1/2010

Date

PART VII: YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** together with other required information specified in Division rule at 28 Tex. Admin. Code §148.3(c).

Under Texas Labor Code § 413.0311, your appeal will be handled by a Division hearing under Title 28 Texas Administrative Code Chapter 142 rules if the total amount sought does not exceed \$2,000. If the total amount sought exceeds \$2,000, a hearing will be conducted by the State Office of Administrative Hearings under Texas Labor Code §413.031.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.